
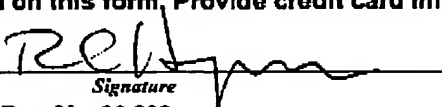


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 3516
Applicant(s): Frank N. Kinney			
Application No. 10/719,842	Filing Date November 24, 2003	Examiner Okezie, Esther O.	Group Art Unit 3654
Invention: WEED REMOVAL DEVICE			
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I hereby certify that this <u>Amendment</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u>)			
on <u>January 28, 2005</u> (Date)			
<u>R.C. Harpman</u> (Typed or Printed Name of Person Signing Certificate)			
<u></u> (Signature)			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. 3516	
Applicant(s): Frank N. Kinney						
Application No. 10/719,842	Filing Date November 24, 2003	Examiner Okezie, Esther O.	Customer No. 27149	Group Art Unit 3654	Confirmation No. 2929	
Invention: WEED REMOVAL DEVICE						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	9 -	20 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____ <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature R.C. Harpman, Reg. No. 29,802			Dated: January 20, 2005			
CC:			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence			

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JAN 28 2005

Appl. No. : 10/719,842
Applicant : Frank N. Kinney
Filed : November 24, 2003
For : WEED REMOVAL DEVICE
TC/A.U. : 3654
Examiner : Okezie, Esther O.

Docket No. : 3516
Customer No. : 27149
Confirmation No. : 2929

Date: January 20, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the office action of November 5, 2004, please amend the
above identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.